#### PRELIMINARY INFORMATION --EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? or exchange any reportable asset in a transaction exceeding **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. reportable asset worth more than \$1,000 at the end of the period? income of more than \$200 in the reporting period or hold any II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. If yes, complete and attach Schedule V. Name: CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES III. Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. reporting period? yes, complete and attach Schedule IV. Status Report Filer Michael E. McMalow House of Representatives JAnnual (May 15) Member of the U.S. District: State:\_ ANSWER EACH OF THESE QUESTIONS Amendment es X Yes X Yes Yes Daytime Telephone: 78-273-1592 Ö 8 O ö 8 § ✓ Officer or Employee an outside entity? If yes, complete and attach Schedule IX reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any IX. Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VIII of filing in the current calendar year? VIII. Did you hold any reportable positions on or before the date reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. VI. Did you, your spouse, or a dependent child receive any For use by Members, officers, and employees appropriate schedule attached for each "Yes" response. **Employing Office** Each question in this part must be answered and the Termination Form A Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELVERED U.S. HOUSOING DEFINESENTATIVES THE LATIVE RESOURCE CENTER 2009 MAY 14 PH 4: 42 Yes Yes Yes Yes Yes Yes ₹ **∑** ž X ₹ **X ∑** ž X ž X

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Page 2 of C

#### SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples helow

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506,951	Salery / Restauration	O'Leary McMalon + Socra
100,000,-	Salasy	City Council of New York City
NA	Spouse Salary	Ontario County Board of Education
\$9,000 \$1,000	Legislative Pension Spouse Speech	Examples: State of Maryland Civil War Roundtable (Oct. 2nd)
\$6,000	Approved Teaching Fee	Keene State
Amount	Туре	Source
urity Act.	nefits received under the Social Sec	exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source  Association of American Associations, Washington DC  YYZ Magazine  None.	Activity Speech Article	Feb. 2, 2008 Aug. 13, 2008	\$2,000 \$500

Asset and income Source  Value of Asset  Year of loose of  Asset and processes  Asset and pro		-							<del></del>								-		<del>   </del>	<u> </u>									dindune # 1	25.	
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Type of Income    Check all columns that apply For Indicate value of asset at close of the reporting perimethod other than fair market value, renal property of the power seed, should be listed as income by closed. Sept. (I you use a valuation not allow you to choose specific meets, you may write "NA" For all other assess, provide full fair market value, renal property of the power, even if the power, even if the power seed during the reporting being the appropriate box below. Provided at arc self directed in that is not publicly usness, the nature of that responsing to that is not publicly usness, the nature of the reporting that of the reporting that are self directed in the power and is included only because it funds holding the province of the power seed, should be listed as income. Check "None" it asset and not perset, even if reinvested, should be listed as income or sept. If the reporting periment plans or accounts that do not allow you to choose specific meets, you nay write "NA" for moone by check all columns that apply. For or all other assets, including all IRAs. Indicate the type of income by check "None" it asset all on the proporting periments, you may write "NA" for moone by check "None" it asset all and not pener that at any income during calendar year.  It is spouse or the proporting periment plans or accounts that do not allow you to choose specific meets, you may write "NA" for moone by the did not pener the proporting beautiful to not allow you to choose specific meets, you may write "NA" for moone by the did not pener the proporting beautiful to not allow you to choose specific meets, you may write "NA" for moone by find and not pener the proporting beautiful to not allow you to choose specific meets, you may write "NA" for moone by find and not pener the proporting beautiful to proporting beautiful to prove the proving the proving beautiful to prove the proving the proving the proving the p		-	$\vdash$	×	igspace				$\vdash$	┼┤	-	Royalties	-				$\vdash$	$\vdash$		$\vdash \downarrow$						nte -	ndefi	_	Simon & Schuster	Examples:	D,
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Value of Asset  Value of Asset  Type of Income  Amount of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets, including all IHAs, indicate the type of income by checking the appropriate box below. Prividends and interest, even if reingenerated income, the value should be ate any income during calendar year.  A B C D E F G H I J K L  BLOCK C  Amount of Income  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets, including all IHAs, indicate the category of income by checking the appropriate box below. Prividends and interest, even if reinguisted as income. Check "None" if no income was earned or generated.  A B C D E F G H I J K L  A B I II III IV V VI VI VII VIII IX X XI	as folic (S) (r) See be examp				\$50,001 - \$100,000	\$15,001 - \$50,000	<del></del>			<del></del>		* *	EXCEPTED/BLIND TRUST	CAPITAL GAINS								\$500,001 - \$1,000,000					<del></del>	······································	and its geographic location in dditional information, see the st.  personal residence(s) (unless come); any debt owed to you by by you or your spouse's child, any deposits totalling \$5,000 or savings accounts; any financial income derived from U.S. ament programs.  you may indicate that an asset is that of your spouse (SP) or DC) or is jointly held (JT), in the on the far left.	of its activities, ar Block A. For add instruction booklet. Exclude: Your pethere is rental inco your spouse, or by parent, or sibling; a less in personal se interest in or interest in or in Government retirent (I you so choose, your spendent child (Doptional column on patient in the column of t	2 6 2 7 0 7 0 7 2 7 7 m i w y
Value of Asset  Type of Income  Type of Income  Type of Income  Type of Income  Amount of Income  Amount of Income  Type of Income  Type of Income  Amount of Income  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets, including all IFAs, indicate the type of income by checking the appropriate box below. If an asset was sold during the reporting year and is included only because it generated income, the value should be atte any income during calendar year.  BLOCK D  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets, including all IFAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	If only portion asset i please						≤					or Farm Income)						· · · · · · · · · · · · · · · · · · ·					۵	<b>া</b>	m	0			e and income intormation on the account that exceeds the ld. For retirement plans that are name the institution holding the alue at the end of the reporting tive business that is not publicly name of the business, the nature	rovide ine valinach asset in asch asset in aporting thresho ot self-directed occumt and its count and its aded, state the	# # # # # # # # # # # # # # # # # # #
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Miclas/E. Mr Malon Page 5 of 13

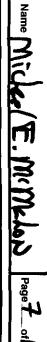
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### **SCHEDULE IV— TRANSACTIONS**

Name Michael E. M. Malon Page 6-04

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#### SCHEDULE V— LIABILITIES



Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

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Some	Example:			
general Mutors Acceptance Corp.	First Bank of Wilmington, Delaware	Creditor		
Mortsese on 30 Cayosabr	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		\$10,001- \$15,000	70	
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	_	\$25,000,000 \$25,000,001		
	<u> </u>	\$50,000,000 Over \$50,000,000		

#### **SCHEDULE VI— GIFTS**

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
Nine		

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

spouse or dependent child that is totally independent of his or her relationship to you. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	٠<	<b>×</b>	-<	2 Days
None						
	:					

#### SCHEDULE VIII—POSITIONS

Name Michael E. M. Makon

Page 9 of 3

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
None	

#### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

			 	 _
Date				
Parties To	Not Applicable	_		
Terms of Agreement				

Continuation Sheet (if needed)

Name Michael E. McPachas Pagl & of B

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BLOCK A  Asset and/or Income Source		Addedon # 1 Memil/Lynch Invaluat		CNY M			Eatin Vance Tax-Manual	WAA H	which	1						
	A B C	None \$1-\$1,000 \$1,001 - \$15,000		X	X		<b>×</b>	15 T.							<b>70 %</b> 9	Ų.
<u>ال</u> ا	. О П	\$15,001 - \$50,000 \$50,001 - \$100,000				<b>X</b> :		*					7,000			
BLOCK B Value of Asset	் <b>சா</b> ப	\$100,001 - \$250,000 \$250,001 - \$500,000									r K					
Asse		\$500,001 - \$1,000,000														
*		\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000														
	大学で	\$25,000,001 - \$50,000,000 Over \$50,000,000											(pyle)			<b>1</b>
		NONE DIMPENDS														
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BLOCK C		CAPITAL GAINS  EXCEPTED/BLIND TRUST			34											
BLOCK C  Type of Income		Other Type of Income (Specify)														
		None =													zes J	
	ဂ	\$201 - \$1,000 == =	<b>X</b>	<b>X</b>										76.		
	urrei	\$2,501 - \$5,000		# 40 // # 2 // 5		12 2 14			X		7.43 2.41 2.41 2.41 2.41 2.41 2.41 2.41 2.41		# 3 T			
	Current Year	\$5,001 - \$15,000 \leq \bigset{50,000}														
BLOCK D  Amount of Income	ar	\$50,001 - \$100,000 \( \leq \)		型(A)(2)	1.7	Ø45				376						
BLOCK D		\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×		\$ 1.4	编型								17 PM - 17 PM			7.5
ř nc		None – \$1 – \$200 ==================================			J. AV	-8 12 A 5		<b>&gt;</b> <						(A. 9627)	i vy v	
ome	Preceding	\$201 - \$1,000 = \$1,001 - \$2,500 <	$\times$	<b>X</b>	×	X	7 men		2 - 0		Zerona.	77.12				
		\$2,501 - \$5,000 <	ig 1 y sudi		-17-4-25					e drawn						
	ng Y	\$5,001 - \$15,000 \leq \\ \$15,001 - \$50,000 \leq \\ \$50,001 - \$100,000 \leq \\ \$50,001 - \$100,000 \leq \\		ere ete			**************************************									
	Year	\$100,001 - \$1,000,000 😾														
	ľ	\$1,000,001 -\$5,000,000 ×	1.1、开放 英國		Mar 174	基學學	護羅(後	<b>原花</b> :	25.0							

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			SP, DC
		2 P2 2	Asset and/or Income Source  Addendown # 2  Merrill Lynch SEP  Americas Income Fund Columbia Mirixo 21st
		×××	\$50,001 - \$100,000 m & & & & & & & & & & & & & & & & &
			\$250,001 - \$500,000
		***	DIVIDENDS RENT  INTEREST CAPITAL GAINS
			(Specify)
			\$1 - \$200 = \$\infty \frac{1}{2} \infty \fract \frac{1}{2} \infty \frac{1}{2} \infty \frac{1}{2} \infty \frac
			\$1,001 - \$2,500
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		為後國法公司憲	\$2,501 - \$5,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,001 - \$50,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,000 < 0 5 5,00
			\$50,001 -\$100,000 \(\Sigma\) \(\sigma\) \(\sigma\)

Over \$5,000,000

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						in the second				a constant			None > \$1-\$1,000 © \$1,001 - \$15,000 C \$15,001 - \$50,000 C \$50,001 - \$100,000 m \$100,001 - \$250,000 π \$250,001 - \$1,000,000 π \$1,000,001 - \$1,000,000 π \$1,000,001 - \$1,000,000 C \$5,000,001 - \$5,000,000 C \$25,000,001 - \$5,000,000 C \$25,000,001 - \$50,000,000 C	Value of Asset	вгоск в
								<b>X</b>					NONE CIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	Type of Income	BLOCK C
			X				<b>X</b>		<b>X</b>	X	- 15 Apr 1		None	Amount of Income	BLOCK D

Continuation Sheet (If needed)

								i	JT, SP,		
				l.	Pince Con ConfifT)	Van Kampan Exvity		American Lywar Fund	Addendon # 4  Dough  Merrill Lynd, Ugm#	Asset and/or Income Source	BLOCK A
								X	None > \$1-\$1,000	Value of Asset	BLOCK B
							M. 681124		NONE DIVIDENDS RENT	Type of Income	BLOCK C
						×			None	Amount of Income	BLOCK D
								<b>X</b>	None	of Income	CK D

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Name Michael E. McMahan Page B. B